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*Healthy New Jersey 2010:  
Update 2005* is available  
online at the New Jersey  
Department of Health and  
Senior Services' website at:  
[www.nj.gov/health/chs/hnj.htm](http://www.nj.gov/health/chs/hnj.htm)

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## Background

*Healthy New Jersey 2010* is a set of health objectives that New Jersey is aiming to achieve over the first decade of the new century. These objectives can be used by government, non-profit agencies, community groups, professional organizations, and others to help develop programs to improve the health of New Jerseyans.

*Healthy New Jersey 2010* builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of many state and community plans. In 1991, the New Jersey Department of Health published *Healthy New Jersey 2000: A Public Health Agenda for the 1990s*. For the first time, New Jersey not only defined a comprehensive set of goals for preventing disease and improving the health of the state's residents over the coming decade, but also identified very specific targets for improvements as well as indicators to measure progress toward these targets. Sixty-seven objectives, or targets and their associated indicators, were established in eleven major health categories, ranging from improving maternal and child health to reducing the adverse impacts of diseases such as cancer, HIV/AIDS, and cardiovascular disease. These priority areas and objectives were determined by the Department in partnership with health care providers, educators, researchers, consumer advocacy groups, and grass roots organizations.

## Healthy New Jersey 2010 Goals

Like its predecessor, *Healthy New Jersey 2010* was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. *Healthy New Jersey 2010* adopts the overarching goals and much of the framework of the federal document. By 2010, New Jersey aspires to increase the length and quality of the lives of its residents, and to reduce or eliminate racial and ethnic disparities. To that end, there are several objectives which address health status and quality of life directly. Others address various health outcomes by race and ethnicity.

*Healthy New Jersey 2010* provides a common tool for advancing public health in the state through health promotion and disease prevention activities. This first update and review of the *Healthy New Jersey 2010* objectives provides an opportunity to assess progress and establish priorities for the remainder of the decade.

## Update Highlights

The outlook for the state's *Healthy New Jersey 2010* goals as of 2005 is mixed. Some of the targets have been met and still more are on track to achievement. However, there are also goals for which accomplishment is either unlikely or uncertain at this time.

Some of the objectives that have been met to date:

- increasing the percentage of newborns screened with state of the art tools to detect hearing loss;
- reducing the percentage of middle school students using cigarettes, alcohol, or inhalants and the percentage of high school students who smoke cigarettes;
- reducing the birth rate among females aged 10 through 17 years;
- increasing the percentage of those aged 65 and older who have ever received a pneumococcal vaccine;
- reducing the prevalence of falls among persons residing in long-term care facilities; and
- reducing mortality from HIV disease among persons 25 through 44 years old.

New Jersey is on track for reaching its objectives by 2010 in a number of other areas, most notably:

- reducing the infant mortality rate for the population as a whole;
- reducing birth rates among females in their teens aged 18 to 19, both for all races combined and for black teens;
- increasing the percentage of women who abstain from alcohol and tobacco products during pregnancy;
- increasing the number of tests performed to measure potential environmental hazards in homes and throughout the community, such as, detecting radon in homes and mitigating those that test above acceptable levels;
- increasing the percentage of adults using seatbelts in automobiles;

- reducing the incidence of traumatic brain injuries;
- reducing mortality from colorectal cancer ;
- reducing mortality from coronary heart disease;
- reducing the incidence of HIV disease among females aged 15 to 44 years and the prevalence of HIV infection among mothers of newborns;
- reducing age-adjusted mortality from HIV disease;
- reducing the incidence of lower extremity amputations and end stage renal disease due to diabetes;
- reducing the incidence of cervical and rectal cancer; and
- reducing mortality due to prostate and cervical cancers.

In a number of areas, clear trends are not evident and the likelihood of achieving the objectives by 2010 is still too uncertain to predict.

Finally, in several key areas it appears at this time that achieving the target by 2010 is unlikely, including:

- reducing the percentage of New Jerseyans without health insurance coverage;
- increasing the percentage of babies whose mothers received prenatal care and reducing the percentage of babies born with low birth weight;
- reducing the homicide rate among black males aged 15 through 19 years;
- reducing the incidence of melanoma;
- reducing late diagnosis of oral cancers;
- reducing the percentage of adults binge drinking; and
- increasing the percentage of women aged 65 years and over who have Pap tests to screen for cervical cancer.